

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING				A. Agency, code agency subelement and submitting office number (Example--xx-xx-xxxx)		01	B. OFFICE USE ONLY		
				C. Request status (Mark (X) one)			02		
				Initial or Resubmission			Correction or Cancellation		
Section A -- TRAINEE INFORMATION									
1. Applicant's name (Last-First-Middle Initial)			Enter first 5 letters of last name		03	2. Social Security Number		04	
						3. Date of birth (Year and month)		05	
						(Example - born January 14, 1943 shown as 43/01)			
4. Home address (Number, street, city, State, ZIP code)				5. Home telephone		6. Position level (Mark (X) one only)			
				Area Code and Number		<input type="checkbox"/> a. Non-supervisory <input type="checkbox"/> b. Supervisory		<input type="checkbox"/> c. Manager <input type="checkbox"/> d. Executive	
7. Organization mailing address (Branch-Division/Office/Bureau/Agency)				8. Office telephone		9. Continuous civilian service		10. Number of prior non-government training days	
				Area Code, Number and Extension		Years Months <input type="text"/> <input type="text"/>			
11a. Position title/function		11b. Applicant handi-capped or disabled (See instructions)		12. Pay Plan/series/ grade/ step		13. Type of appointment		14. Education Level	
Section B--TRAINING COURSE DATA									
15a. Name and Mailing address of training vendor (No., street, city, State, ZIP Code)				15b. Location of training site (If same, mark box) → <input type="checkbox"/>					
16. Course title and training objectives (Benefits to be delivered by the Government)									
17. Catalog/Course No.		18. Training period (6 digits)		06	19. No. of course hours (4 digits)		07	20. Training codes (See instructions)	
		Year	Month	Day	a. During duty			Code	
a. Start					b. Non-duty			a. Purpose	
b. Complete					c. TOTAL			08 c. Source	10
								09 d. Special interest	11
AGENCY USE ONLY									
Section C--ESTIMATED COSTS AND BILLING INFORMATION					Section D--APPROVALS				
21. Direct costs and appropriation/fund chargeable					26a. Immediate supervisor - Name and title				
Item		Amount		Appropriation/fund			Area code/Tel. No./Extension		
		Dollars	Cents						
a. Tuition		\$			b. Signature		Date		
b. Books or Materials									
c. Other (Specify)									
d. (Enter 4 digits in dollar column)									
Total		\$			b. Signature		Date		
22. Indirect costs and appropriation/fund chargeable					27a. Second-line supervisor - Name and title				
Item		Amount		Appropriation/fund			Area code/Tel. No./Extension		
		Dollars	Cents						
a. Travel		\$			b. Signature		Date		
b. Per diem									
c. Other (Specify)									
d. (Enter 4 digits in dollar column)									
Total		\$			b. Signature		Date		
23. Document/Purchase Order/Requisition No.					28a. Training officer - Name and title				
							Area code/Tel. No./Extension		
24. 8-Digit station symbol (Example--12-34-5678) →					b. Signature		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date	
25. BILLING INSTRUCTIONS (Furnish invoice to):					Section E--APPROVAL/CONCURRENCE				
					29a. Authorizing official - Name and title		Area code/Tel. No./Extension		
					b. Signature		Date		
					Section F--CERTIFICATION OF TRAINING COMPLETION				
					30a. Certifying official - Name and title		Area code/Tel. No./Extension		
					b. Signature		Date		

TRAINING FACILITY > Bills should be sent to office indicated in item 25. Please refer to number given in item 23 to assure prompt payment.